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STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION DIVISION OF MENTAL RETARDATION SERVICES ANDREW JACKSON BUILDING 13TH FLOOR 500 DEADERICK STREET NASHVILLE, TENNESSEE 37243

January 23, 2006

Memorandum

TO:

Independent Support Coordination Providers

FROM:

Stephen H. Norris

SUBJECT:

Non-Payment for Failure to Perform Required Responsibilities

Independent Support Coordinators (ISCs) have several critical responsibilities that must be met to ensure that individuals receive needed services in a timely fashion and to secure maximum federal reimbursement to DMRS. State funds are very limited and it is crucial that all available federal funds are accessed. If an ISC fails to meet any of these responsibilities and the person is unable to access needed services or DMRS is unable to receive federal funding for those services, immediate administrative action will be taken for each occurrence as described below.

1. Timely Submission of Individual Support Plans

Annual Individual Support Plans for those enrolled in Waiver services must be submitted to the Regional Office at least 21 days prior to the effective date.

Initial Individual Support Plans for those entering Waiver services must be submitted as urgent, prior to the effective date with adequate time for review and approval, but no later than 30 days after the date of enrollment. Individuals converting from State to Waiver funding are considered new enrollees and must have an initial plan completed following the same guidelines as other individuals enrolling in Waiver services.

Individual Support Plan amendments for individuals receiving Waiver services must be submitted at least 21 days prior to the effective date of any service changes with the exception of urgent requests. Urgent requests for services must be submitted prior to initiating the needed changes.

Failure to meet responsibilities for timely submission of Individual Support Plans or Individual Support Plan amendments for individuals enrolled in Waiver services will result in non-payment for all Independent Support Coordination services beginning with the month in which the plan was due and ending with the month in which an appropriate submission is made.

2. Current Individual Support Plans That Reflect the Person's Needs and Are Implemented

Individual Support Plans, including behavior support plans and guidelines, must be current, accurately reflect the person's needs, implemented, and amended when appropriate. Services that are authorized must be provided in accordance with the approved ISP. The ISC is responsible for ensuring the entire ISP is accurate, that it remains current in accordance with DMRS regulations (updated annually and amended as needed), and that there is evidence the entire plan is being implemented as written. This is primarily accomplished through regular monitoring and communication with the person, the providers who support

the person and others who know and care about the person. Documentation of these monitoring efforts must completed on the appropriate DMRS forms.

Failure to ensure that a current, accurate ISP has been completed and implemented and that all needed services have been accessed will result in non payment of all ISC services for every month in which a current, accurate ISP is not present, for every month the plan is not being implemented, and/or for every month in which the person did not receive needed services.

3. Annual Re-Evaluations/Programmatic Eligibility

Independent Support Coordination Agencies are required to ensure that an annual re-evaluation is completed for each person in Waiver services. This re-evaluation must be completed by a Qualified Mental Retardation Professional employed by the ISC agency and is due annually on or before the anniversary of the person's original date of enrollment.

Failure to complete annual re-evaluations in a timely fashion will result in recoupment of all funds paid for ISC services for every month beginning with the month the re-evaluation was due until such time it is completed, received by the appropriate Regional Office and DMRS can access federal financial participation.

4. Financial Eligibility

Individuals must maintain financial eligibility throughout the year and complete a financial eligibility process annually. While this is a primary responsibility of the person or his/her representative payee, the ISC has a responsibility to monitor the person's funds and ensure the person maintains eligibility for services by completing needed paperwork and maintaining assets below the allowable \$2,000.00. This monitoring must be completed every third month and documented in item P-10 on the "Periodic Review" form.

Failure to adequately monitor the person's continued financial eligibility, accurately document on the "Periodic Review" form and/or report any issues of concern regarding financial eligibility will result in non-payment for all ISC services for all applicable months beginning with the first month the "Periodic Review" form was due to completed and the person was not financially eligible until the month the person is deemed eligible and federal matching funds can be accessed.

DMRS may, at its discretion, impose Sanctions in the amount of \$100/day or more per violation in addition to recouping any funds paid. Recoupments for these issues will be automatically deducted from the agency's next scheduled payment from DMRS and Sanctions will allow time for an appeal. Additionally, DMRS will collect and analyze general information regarding each agency's performance. Information from Quality Assurance reviews, Targeted Elements Assessments, TennCare Reviews, Review of Individual Support Plans, and all internal and external reviews will be used to identify patterns, trends and extraordinary individual issues and may result in additional administrative actions such as moratoria, sanctions, mandated technical assistance or termination of the DMRS Provider Agreement.

Any questions or requests for clarification of any of these responsibilities should be made to Paula McHenry.

SHN/PM

CC: TennCare Regional Directors

Dr. Larry Latham Plan Review Coordinators
Fred Hix Case Management Directors

Dr. Louis Moore